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UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

13 C. ROBERT PETTIT, M.D.,
 14 Plaintiff,
 15 v.
 16 CONTRA COSTA MEDICAL SERVICES
 17 REGIONAL MEDICAL CENTER and
 18 DOES ONE THROUGH TWENTY,
 Inclusive,
 19 Defendants.

No. C 07 3358 JSW

DECLARATION OF JANET HOLMES IN
 SUPPORT OF DEFENDANT'S MOTION
 FOR SUMMARY JUDGMENT OR
 PARTIAL SUMMARY JUDGMENT

20 I, Janet Holmes, do hereby declare:

21 1. I am over the age of eighteen and a resident of the State of California. I know of the
 22 matters set forth herein of my own personal knowledge, and if called upon to testify could and
 23 would competently testify thereto.

24 2. I am an attorney duly licensed to practice before this court. I am employed as a
 25 Deputy County Counsel for Contra Costa County, and have been assigned to defend the
 26 County in connection with the above-referenced case.

27 3. Attached as Exhibit 4 is a true and correct copy of a document produced by
 28 plaintiff's counsel during discovery in this action and Bates-stamped by plaintiff's counsel as

DECLARATION OF JANET HOLMES IN SUPPORT OF DEFENDANT'S MOTION FOR
 SUMMARY JUDGMENT OR PARTIAL SUMMARY JUDGMENT
 C 07 3358 JSW

1 "PET 3", which document appears to be a copy of Dr. Pettit's Complaint of Discrimination
2 filed with the California Department of Fair Employment and Housing and stamped as filed
3 January 12, 2007.

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5 I declare under penalty of perjury under the laws of the United States and California
6 that the foregoing is true and correct and that this declaration was executed at Martinez,
7 California on the date set forth below.

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9 DATED: JULY 11, 2008

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JANETH HOLMES

EXHIBIT 4

*** EMPLOYMENT ***

COMPLAINT OF DISCRIMINATION UNDER
THE PROVISIONS OF THE CALIFORNIA
FAIR EMPLOYMENT AND HOUSING ACT

DFEH # E200607 M-0905-00-ac

DFEH USE ONLY

CALIFORNIA DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

YOUR NAME (indicate Mr. or Ms.)

Mr. CHARLES ROBERT PETTIT

TELEPHONE NUMBER (INCLUDE AREA CODE)

925-2291033

ADDRESS

118 COSTANZA Dr.

CITY/STATE/ZIP MARTINEZ CA

CONTRA COSTA

COUNTY CODE 94553

NAMED IS THE EMPLOYER, PERSON, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, OR STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME:

NAME Contra Costa Regional Health Center

TELEPHONE NUMBER (Include Area Code)

ADDRESS

2500 ALHAMBRA AVE

CONTRA COSTA

DFEH USE ONLY

CITY/STATE/ZIP

MARTINEZ, CA

COUNTY

COUNTY CODE 94553

NO. OF EMPLOYEES/MEMBERS (if known)

DATE MOST RECENT OR CONTINUING DISCRIMINATION
TOOK PLACE (month, day, and year)

RESPONDENT CODE

THE PARTICULARS ARE:

On NOV 29, 2006, I was

fired denied employment
 laid off denied promotion
 demoted denied transfer
 harassed denied accommodation
 genetic characteristics testing impermissible non-job-related inquiry
 forced to quit other (specify) THREATENED WITH
 TERMINATION BECAUSE I REPORTED DANGEROUS/SUBSTANDARD CARE

(DR RAMON BERGUER)
Name of Person

Job Title (supervisor/manager/personnel director/etc.)

because of my: sex national origin/ancestry physical disability cancer
 age marital status mental disability genetic characteristic (Circle one) filing:
 religion sexual orientation association other (specify) WHISTLEBLOWING,
 race/color association practice style Protesting; participating in
investigation (retaliation for)

the reason given by DR RAMON BERGUER (M.D.)

Name of Person and Job Title

Was because of [please state what you believe to be reason(s)]

I complained to a superior (M. Corcoran, M.D.)
ABOUT SUBSTANDARD PT CARE RELATED TO, IN PART, THE
DISTANCE PHYSICIANS LIVE FROM HOSPITAL AND INABILITY/UNWILLINGNESS
TO RESPOND APPROPRIATELY TO EMERGENCY ROOM CALLS / PATIENT NEEDS

I wish to pursue this matter in court. I hereby request that the Department of Fair Employment and Housing provide a right-to-sue notice. I understand that if I want a federal notice of right-to-sue, I must visit the U.S. Equal Employment Opportunity Commission (EEOC) to file a complaint within 30 days of receipt of the DFEH "Notice of Case Closure," or within 300 days of the alleged discriminatory act, whichever is earlier.

I have not been coerced into making this request, nor do I make it based on fear of retaliation if I do not do so. I understand it is the Department of Fair Employment and Housing's policy to not process or reopen a complaint once the complaint has been closed on the basis of "Complainant Elected Court Action."

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge except as to matters stated on my information and belief, and as to those matters I believe it to be true.

Dated 1-11-07

COMPLAINANT'S SIGNATURE

At Martinez
City

DATE FILED: JAN 12 2007

RECEIVED
JAN 12 2007Department of Fair
Employment and Housing
Oakland District Office

STATE OF CALIFORNIA